PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

| ndicated unless correcte naintenance fee notifical | ed below or directed oth | herwise in Block 1, by (| a) specifying a new corr | espondence address; | and/or | (b) indicating a separ | rate "FEE ADDRESS" for |
|---|---|---|--|--|--------------------------------------|---|--|
| CURRENT CORRESPONDE | Fe pa | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | | | |
| SCOTT C HAI P O BOX 92764 SAN DIEGO, C. | I h Str ad tra | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | | | |
| | | | Ĺ | | | | (Depositor's name) |
| | | | | · | | | (Signature) |
| | | | | | | | (Date) |
| APPLICATION NO. | FILING DATE | | FIRST NAMED INVENTOR | | ATTORNEY DOCKET NO. CONFIRMATION NO. | | |
| 09/669,959 | 09/669,959 09/26/2000 | | Scott C. Harris | | TV-BROWSING/SCH 5133 | | |
| TILE OF INVENTION | : INTERNET BROWSI | NG FROM A TELEVISI | ON | | | | |
| | | | | | | • | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSU | E FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | YES | \$%26 X \$1, | , 440 so | \$0 | | \$720 | 03/10/2008 |
| EXAM | INER | ART UNIT | CLASS-SUBCLASS | ٦ . | | | |
| BUI, KIEU OANH T | | 2623 | 725-112000 | J | | | |
| | ence address or indicatio | n of "Fee Address" (37 | 2. For printing on the | patent front page, lis | st | | |
| CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | | | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, | | | | |
| Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. | | | registered attorney of 2 registered patent at | name of a single firm (having as a member a ed attorney or agent) and the names of up to ered patent attorneys or agents. If no name is no name will be printed. | | | |
| | | | THE PATENT (print or t | • • | | | |
| PLEASE NOTE: Unl | ess an assignee is ident h in 37 CFR 3.11. Com | ified below, no assignee pletion of this form is NC | data will appear on the of a substitute for filing a | patent. If an assign assignment. | ee is id | entified below, the do | cument has been filed for |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | |
| | | | • | | | | |
| Please check the appropri | iate assignee category or | r categories (will not be p | rinted on the patent): | Individual Co | orporation | on or other private gro | up entity Government |
| a. The following fee(s) | are submitted: | b. Payment of Fee(s): (Pl | | ıy prev | iously paid issue fee s | hown above) | |
| Issue Fee | | | A check is enclosed. | | | | |
| Publication Fee (No small entity discount permitted) Advance Order - # of Copies1 | | | Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-138 / (enclose an extra copy of this form). | | | | |
| | | | overpayment, to Dep | osit Account Numb | 50 | -1387 (enclose an | extra copy of this form). |
| | tus (from status indicate s SMALL ENTITY stati | | ☑ b. Applicant is no lo | nger claiming SMA | LL ENT | TTY status. See 37 CF | R 1.27(g)(2). |
| • • • | | | = = | | | | e assignee or other party in |
| Authorized Signature | /Scott C 1 | Harris/ | | Date12 | 2/26 | /2007 | |
| Typed or printed name | eScott | C. Harris | | Registration N | lo | /2007 32,030 | <u> </u> |
| his collection of inform n application. Confident | ation is required by 37 C | CFR 1.311. The informati U.S.C. 122 and 37 CFR | on is required to obtain or 1.14. This collection is e | retain a benefit by t stimated to take 12 ividual case. Any co | he publ | ic which is to file (and to complete, including s on the amount of time | by the USPTO to process) g gathering, preparing, and |

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.